


**SUPPLEMENTAL "LARGE CONTRIBUTION"
REPORT BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R / 11-99)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1999

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

COMMITTEE INFORMATION

| | |
|---|---|
| 1. Full name of candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name Friends of Jim Brainard | 2. Committee telephone number (317) 253-5759 |
| 3. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO Box 763 | |
| 4. City, state, ZIP code Carmel, IN 46082 | 5. Party affiliation or if independent Republican |
| 6. Office sought (Include district number, if any. Not required for exploratory committee.) Mayor of Carmel | 7. County of residence Hamilton |
| 8. Reporting period: From: OCT. 12, 2003 Through: NOV. 4, 2003 | |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED RECEIVED BY |
|--|--|---------------------------------------|------------------------------|
| Classification 1. PAC HOME PAC P.O. Box 44670 Indianapolis, IN 46244 Contributor's Occupation (if applicable) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | \$1,000.- | 10/16/03 |
| Classification 2. _____ Contributor's Occupation (if applicable) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | |
| Classification 3. _____ Contributor's Occupation (if applicable) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

Signature of Candidate (if applicable)

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).

FOR OFFICE USE ONLY

CLERK, HAMILTON COUNTY COURTS

James Davis
 2003 OCT 17 PM 2:55

FILED